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COVER LETTER

TO: Amendment Section Division of Corporations

TOWER EAST INC NAME OF CORPORATION:					
NAME OF CORPORATION.		- Windows			
706865 DOCUMENT NUMBER:					
	, 9	· ,			
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mat					
VLAD VAN ROSENTHAL	in the second second	· · · · · · · · · · · · · · · · · · ·			
	(Name of Contact Per	rson)			
	(Firm/ Company	<u> </u>			
3250 S. DIXIE HIGHWAY					
	(Address)				
MIAMI, FLORIDA 33133					
	(City/ State and Zip C	'ode)			
VLADROSEN Heal (1) 6	R-110 -11	11+			
E-mail address to be use	ed for future annual repo	ort notification	n)		
For further information concerning this matter, pleas	e call:				
VLAD VAN ROSENTHAL	at		632-5838		
(Name of Contact Perso	n)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made p	payable to the Florida D	epartment of	State:		
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certif Certif	ied Copy tional Copy is		
Mailing Address		et Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
Division of Corporations	Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301

Articles of Amendment to Articles of Incorporation of

	(144 144	s	
(Name of Corporation as curr	ently filed with the F	lorida Dept. of State)	
TOWER EAST INCORPORATED			
(Document Nut	mber of Corpóration (i	f known)	
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not</i>		following
If amending name, enter the new name of the corpor	ation:		
			_The new
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorpore	ited" or the abbreviation "Corp."	or "Inc."
Company of Co. may not be used in the name.		*#* () . ***********************************	<u> </u>
3. Enter new principal office address, if applicable:		man for the state of the state	2
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>z</u>)	in in the second	1
		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	~ \cdot
		ار بر المام ال المام المام ال	: -n
. Enter new mailing address, if applicable:		ے شور در جوت	· 🖔
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
(
			<u></u>
). If amending the registered agent and/or registered o		da, enter the name of the	
new registered agent and/or the new registered offic	e address:		
Name of New Registered Agent:			
N B 1 1000 111		(Florida street address)	
New Registered Office Address:			
		. Florida	
	(City)	(Zip Code)	
	reni, r	(21) (040)	
ew Registered Agent's Signature, if changing Register	ed Agent:		
hereby accept the appointment as registered agent. I am	familiar with and acco	ept the obligations of the position.	
- 0	•		
	Signature of New Res	gistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example:		to the second of	•
X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>T</u>	MARIA SIERRA	
Add X Remove			
2) Change	D	ANDREW CARTER	
Add X Remove			
3) Change	<u>D</u>	CAM SANDERS	
Add X Remove			
4) X Change	T	LAWRENCE CICCOTELLI	1150 EUCLID AVENUE #107
Add Remove			MIAMI BEACH, FL 33139
5) Change	<u>D</u>	MADELEINE VAN ROSENTHAL	
Add X Remove			
6) X Change	VP	MONICA ALCANEYA	1150 EUCLID AVENUE #107
Add			MIAMI BEACH, FL 33139
Remove			

	date of each amendment(s) adoption.	other than the
	this document was signed.	
Effo	ctive date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Not loc	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records.	sted as the
Add	ption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	OCTOBER 6. 2016	
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing) Prasident	
	(Title of person signing)	